tion had any relationship to the abnormal muscular condition met with in spastic paralysis. He suggests that the removal of the influence of the sympathetic innervation may be of value in certain cases in which disability has resulted from lesions of the corpus striatum, and from disturbance of the upper motor neurone. Hunter is convinced that the relationship of sympathetic innervation of voluntary muscle to muscular tone has been conclusively proved.

Sufficient corroborative work has been done to prove that these ideas are tenable—at least in part. If, as seems probable, the rigidity in the parkinsonian types of encephalitis is due to impulses traveling over the sympathetic system, it may be feasible and advisable to diminish, by surgical means, the crippling hypertonicity in cases no longer progressive.

DISCUSSION

Foster J. Curtis, M. D. (Boston Building, Salt Lake City, Utah)—Dr. Doyle should be congratulated for covering so wide a field in so concise a manner. The cases he has chosen to discuss emphasize the points he wished to bring out. How well he has shown the necessity of accurate history, as well as a painstaking physical and neurological examination, for, although a typical case is recognizable at a glance, the diagnosis of an atypical case is so difficult it is often missed.

In most of the cases I have observed in this section the following emotional reactions have been noted particularly: child-like irritability, sensitiveness, crying easily produced, mild depressions, although hopeful for a favorable outcome. They are rather easily influenced by their environment. Symptoms ascribed to an anxiety neurosis are not uncommon.

A great majority of these patients do not seem to lose any of their knowledge acquired previous to onset, but often it seems difficult and occasionally impossible to further increase their knowledge after the disease has been contracted.

The apparent difficulty with which certain voluntary movements or motions are initiated is of great interest, inasmuch as these same motions may be performed with comparative ease when once inaugurated.

While it is a common belief that the disease is incurable, it is the duty of the physician to do all in his power to make the patient as comfortable as possible. A subtle reassuring word combined with pleasant environment will produce a gratifying improvement in many of the emotional symptoms.

Supervision is desirable, especially in the younger patients, to guard against sexual abuses. Suicidal tendencies are not as common as would be expected, but are sometimes noted.

Although there is no efficient specific treatment at this time, let us hope that one will be found when the etiology and pathology of the disease is more clearly understood. I have noted temporary beneficial results from the hypodermic injection of hyoscine continued over a period of months, although I do not expect permanent relief from this medication. In some patients this drug produces no apparent effects, while in others the hypnotic effect seemed too pronounced.

For some time to come epidemic encephalitis will continue to be a fertile field for investigation.

Doctor Doyle (closing) — The research prompted by the ravages of encephalitis epidemica will result in contributions not only to our knowledge of this disease, but to a better understanding of the anatomy and physiology of the brain. The poor reparative power of the central nervous system precludes the possibility of therapeutic results in encephalitis once the disease has established itself. The only hope of these patients lies in the early recognition of the condition, and institution at once of specific therapy. At present, however, specific therapy is not to be compared in efficacy with Flexner's serum for the epidemic form of meningitis. In fairness, it must be said that the fault may lie rather in the site of pathology than in the lack of specificity.

CYSTS OF THE PROSTATE AND URETHRA*

By MILEY B. WESSON, San Francisco

Cysts of the prostate and urethra are not as rare as text books would have us believe. The first case of a cyst of the prostate was reported by Morgagni, who found it at autopsy in 1742. Modern pathologists never find these lesions, since they cursorily pass over the prostate and neck of the bladder in their routine examinations and go into great detail in describing the spleen, etc. Clinicians have reported isolated cases. These attracted little attention till Young in 1921 collected from the literature five cases of cysts of the prostate, added five from the Brady Urological Clinic and called the attention of the medical profession to this pathological entity and its treatment.

In this paper a thorough review of the literature has been made in an attempt to ascertain why lesions which have been seen by most urologists have not been correctly diagnosed and accorded proper textbook recognition; fifty-four case reports (including twenty-nine cases of cysts of the prostate) have been digested and assembled in tables, and four new and dissimilar cases of cysts of the prostate are briefly reported.

Following the invention of the simple endoscopes a confused nomenclature appeared, which Burckhardt in 1906 attempted to simplify by discarding the bizarre descriptions and classifying benign tumors of the urethra into: (1) fibromas, (2) myomas, (3) cysts and (4) polyps. The word polyp he used purely as a generic term, because of its freedom from histological significance, to cover the entire group of benign pedunculated or sessile intraurethral proliferations not included in the other groups. Hence, it became a "catch-all" term covering practically all excrescences about the vesical orifice. Randall in 1913, by his careful histological studies, described a definite entity as a polyp. These are not common, as his nine cases represented the total of one year's observation in one of our largest and most active endoscopic clinics. Without histological sections it is often impossible to differentiate them from the inflammatory tags seen about the vesical orifice in most cases of posterior urethritis. Two years later Pelouze removed from the group the lympho-cystic lesions which he thinks are neither polyps nor cysts, but are evidences of constitutional tuberculosis and should not be subject to local treatment. However, a perusal of the current literature shows that these two lesions are commonly confused with cysts.

Cysts of the urethra and prostate are generally grouped as follows: (1) echinococcus cyst, (2) cysts in connection with cancer of the prostate, (3) Cowper's gland cysts, (4) Littres' gland cysts, (5) cystic adenoma, 6) cystic dilatation of the utricle and ejaculatory ducts, and (7) retention cysts.

Cysts may be congenital or acquired. The acquired cysts are due either to a compression of the gland ducts, with consequent dilatations and filling

* Abstract of paper read before the Urological Section at the Fifty-third Annual Session of the California Medical Association, Los Angeles, May 13, 1924.

with liquid or semi-solid substance, or to a vicarious development of mucous glands. The majority of the pedunculated cysts of the vesical orifice undoubtedly originate in the subtrigonal glands.

In children who do not void until the second or third day, a few drops of a yellowish mucoid substance preceding the appearance of the urine is pathognomic of a cyst of the utricle, which has ruptured spontaneously or by instrumentation.

There are no characteristic signs in the adult, the symptoms ranging from those of posterior urethritis to the urinary obstruction secondary to prostatic hypertrophy. Retention in a man less than 50 years of age, that is of sudden onset and is relieved by the passage of a sound or catheter, is indicative of a cyst. Most often there is frequent micturition, dysuria and difficulty which increases with the act and eventually results in acute retention. Polyps give similar but more pronounced symptoms, because they are of firmer consistency. Prostatic cysts lying against Denonvillers' fascia may interfere with defecation and cause hemorrhoids.

The cysts of the female meatus, presenting in the vulva and causing complete retention, are hard to diagnose, as they simulate a prolapse of the bladder or an intestinal hernia.

There is no difficulty in recognizing the intravesical pedunculated cysts with thin walls, since they are translucent through a cystoscope, if the light is behind the tumor. Those with thick walls simulate an Albarran's lobe, and in the past have seldom been recognized till a prostatectomy was attempted.

The so-called small cysts at the vesical orifice, which explode so spectacularly when fulgurated, are not true cysts but are lymphoid bodies that have undergone a cystic change and which Pelouze states should not be treated locally, since they recur in six to eight weeks. He described them as small, slightly pedunculated masses of tissue of a pearly white color with minute blood vessels traversing their surface. Apparently they are solid masses of tissue which undergo a cystic change and when ruptured exude a white substance. This description fits most of the polyps in the recent literature.

Cyst of the prostate may be ruptured by vigorous prostatic massage. Instrumentation will often puncture a cyst at the vesical orifice with the immediate alleviation of all symptoms, but in time the collapsed sac will refill.

Suprapubic and perineal operations have been resorted to in cases where the nature of the tumor was not recognized or its removal was secondary to a prostatectomy. In ordinary cases this method is too radical. The same objection holds for the galvanocautery or Bottini operation.

Intraurethral manipulation is the method of choice. By means of a cystoscopic ronguer, the cyst can be removed unruptured. Cysts have been permanently destroyed by means of the Nitze cautery at one office treatment without the use of even a local anesthetic and with no discomfort to the patient. With a cold snare the pedunculated tumors can be easily removed, but the base is left undestroyed, and there is danger of a hemorrhage. The simplest and most popular method is by means of the fulguration electrode. Mere perforations of the cyst and the emptying of its contents are not sufficient. The sac must be destroyed and the base well fulgurated. Otherwise there will be agglutination of the perforation and a reaccumulation of the fluid, giving the cyst the appearance of a somewhat collapsed sac. The patients in whom the cysts have been radically removed or completely destroyed have had no return of the tumors.

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THE JUDGE CAVERLY DECISION

Of the many editorials upon Judge Caverly's decision in the Loeb-Leopold murder case that came to every editor's desk, that of the North American is most interesting. We quote that part of this editorial specifically of interest to physicians. The same general conclusion is featured in most of the editorials from the better class of newspapers.

"That part of the judge's decision which has met the widest approbation, perhaps, was his emphatic rejection of the mass of pseudo-scientific testimony of this nature produced for the defense by a group of $250-a-day alienists and psychoanalysts. 'It is,' he said, 'beyond the province of this court, as it is beyond the capacity of human science in its present state of development, to predicate ultimate responsibility for human acts. Similar analyses made of other persons accused of crime would probably reveal similar or different abnormalities. The value of such tests seems to lie in their applicability to crime and criminals in general. Judgment in the present case cannot be affected thereby.'

"This statement is obviously sound. There is no lawbreaker so sordid, no criminal so depraved that his responsibility could not be dissipated by acceptance of the misty theories which trace every human act into the remote past, pretend to explore the uttermost recesses of the human soul and becloud the evidence of acts with abstruse speculations upon predestination and free will in the realm of crime. Once such reasoning is admitted as a factor in the administration of justice, the doctrine of legal responsibility collapses. If carefully planned murder is to be mitigated in the eyes of the law as an unavoidable result of childhood inhibitions, adolescent dreams and lack of emotional control, why not the peculations of the absconder, the violence of the prowling footpad and the activities of the bootlegger?

"But inexorable logic requires deductions still more absurd. Grant the premises of the experts, and one is led to the conclusion that the arch-criminal, for whom there is no extenuation, is the man who kills another in the heat of sudden anger, from motives of revenge or in retaliation for real or fancied wrong; mercy is to be reserved for him who slays without cause and with long premeditation, and who can demonstrate that he is a criminal by choice and life-long inclination instead of through stress of untoward circumstance. His reliance is not to be on witnesses to his previous good character, but on witnesses to his innate depravity.

"Nothing in the procedure in our judgment, was more deplorable than the spectacle of the experts delivering their high-priced opinions to a skeptical court, and we can think of no greater disservice to a noble profession. It would be well, we think, for the societies which are the custodians of the honor of medicine and the kindred sciences to move for a general reaffirmation of the Hippocratic oath and its lofty requirements."

"I have known mothers who were college graduates to put urine in children's ears for pain. I have known fathers who were high school graduates to put warm cow dung on open wounds, while **I was at home thinking that I was the doctor in the case,"** says J. E. Dildy, M. D., in Texas State Journal Medicine.